

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10597539

FILING DATE

6-17-08

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1	0			
23		1		1		
24	1			1		
25	1			1		
26	1			1		
27	1			1		
28	1			1		
29	1			1		
30	1			1		
31	1			1		
32	1			1		
33	1			1		
34	1			1		
35	1			1		
36	1			1		
37	1			1		
38	1			1		
39	1			1		
40	1			1		
41	1			1		
42	1			1		
43	1	1		1		
44	1	1		1		
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	2		4			
TOTAL DEP.	44	←	40	←	←	
TOTAL CLAIMS	46		44			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS						←